Solicitation Title: NEW PORTSMOUTH MAINTENANCE FACILITY-DOT

Addendum #4 dated 1/8/15

BID FORM (revised)

To:

The State of Rhode Island Department of Administration

Division of Purchases, 2nd Floor

One Capitol Hill, Providence, RI 02908-5855

Bidder:

20 t dence, R102914 mb@ bahybuilding. com 508557-1784

1. **BASE BID PRICE**

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (including the costs for all Allowances, Bonds, and Addenda):

(base bid price in figures printed electronically, typed, or handwritten legibly in ink)

Five million eight hundred eighty eighty eighty (base bld price in words printed electronically, typed, or handwritten legibly in lnk)

Thousand, three hundred

Allowances

The Base Bid Price includes the costs for the following Allowances:

No. 1: Project Sign \$ 2,000

No. 2: Additional Scope \$ 25,000 No. 3: Testing \$ 35,000 No. 4: CXA costs \$ 15,000

No. 5: National Grid

\$ 20,000

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Total Allowances:

\$ 97,000

Bonds

The Base Bid Price <u>includes</u> the costs for all Bid and Payment and Performance Bonds required by the solicitation.

Addenda

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price <u>includes</u> the costs of any modifications required by the Addenda.

2. <u>ALTERNATES</u> (Additions/Subtractions to Base Bid Price)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and

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the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

Check "Add" or "Subtract."
AddSubtract Alternate No. 1: (Brine and Magnesium Storage/Dispensing Systems) \$
Add Subtract Alternate No. 2: (Cold Patch Shed) (amount in figures printed electronically, typed, or handwritten legibly in ink) (amount in words printed electronically, typed, or handwritten legibly in ink)
Add Subtract Alternate No. 3:
Add Subtract Alternate No. 4:
Add Subtract Alternate No. 5:



Addendum #4 dated 1/8/15 (alternate amount in words printed electronically, typed, or handwritten legibly in ink) Add Subtract Alternate No. 6: (Large Capacity Vehicle Lift-Vehicle Bay Room 100 at maint. area) (alternate amount in figures printed electronically, typed, or handwritten legibly in ink)

(alternate amount in words printed electronically, typed, or handwritten legibly in ink) 3. **UNIT PRICES** The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include all costs, including labor, materials, services, regulatory compliance, overhead, and profit. Unit Price No. 1: Unit Price No. 2: Unit Price No. 3: ____ **CONTRACT TIME** The Bidder offers to perform the work in accordance with the timeline specified below: Start of construction: Substantial completion: • Final completion: Notice to Proceed Spring of 2015 with completion date based on 14 month from NTP. Calender days 430 from NTP 5. LIQUIDATED DAMAGES

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Solicitation #:7549049

The successful bidder awarded a contract pursuant to this solicitation shall be liable for

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and pay the State, as liquidated damages and not as a penalty, the following amount for <u>each</u> calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$500.00.

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 1-22-15

BIDDER

Printed name and title of person signing on behalf of Biode

Bidder's Contractor Registration Number

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we Bahry Building Company of 26 Nye Street, East Providence, RI 02914 as Principal, hereinafter called the Principal, and North American Specialty Insurance Company a corporation duly organized under the laws of the state of New Hampshire as Surety, hereinafter called the Surety, are held and firmly bound unto Rhode Island Department of Transportation (RIDOT)

as Obligee, hereinafter called the Obligee, in the sum of Five Percent of the Amount of the Attached Bid

Dollars (\$ 5% of Bid),

for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for Portsmouth Maintenance Facility Department of Transportation Project Number: 7549049

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

Signed and sealed this 22nd day of January, 2015

Bahry Building Company

(Principal)

(Seal)

North American Specialty Insurance Company

(Surety)

(Seal)

Charles A. Byrne (Title) Attorney-in-Fact

NORTH AMERICAN SPECIALTY INSURANCE COMPANY WASHINGTON INTERNATIONAL INSURANCE COMPANY

GENERAL POWER OF ATTORNEY

OW ALL MEN BY THESE PRESENTS, THAT North American Spelaws of the State of New Hampshire, and having its principal office in the Insurance Company, a corporation organized and existing under the laws Schaumburg, Illinois, each does hereby make, constitute and appoint:	e City of Manchester, New Hamr	oshire, and Washington International
	III, CHARLES A. BYRNE,	
and DENIS	SE CHIANESE	
JOINTLY o	or SEVERALLY	
Its true and lawful Attorney(s)-in-Fact, to make, execute, seal and deliver obligatory in the nature of a bond on behalf of each of said Companies, a law, regulation, contract or otherwise, provided that no bond or undertaking amount of:	is surety, on contracts of suretyshing or contract or suretyship exec	ip as are or may be required or permitted by
	(\$50,000,000.00) DOLLARS	
This Power of Attorney is granted and is signed by facsimile under a Directors of both North American Specialty Insurance Company and Wa on the 9 th of May, 2012:	shington International Insurance	Company at meetings duly called and held
"RESOLVED, that any two of the Presidents, any Managing Direct the Secretary or any Assistant Secretary be, and each or any of them here in the given Power of Attorney to execute on behalf of the Company bon hereby is authorized to attest to the execution of any such Power of Attor	by is authorized to execute a Powds, undertakings and all contract	wer of Attorney qualifying the attorney named s of surety, and that each or any of them
FURTHER RESOLVED, that the signature of such officers and the certificate relating thereto by facsimile, and any such Power of Attorney binding upon the Company when so affixed and in the future with regard	or certificate bearing such facsing	nile signatures or facsimile seal shall be
By David M. Layman, Vice President of North	Ident of Washington International Insurance th American Specialty Insurance Company of Washington International Insurance Comperican Specialty Insurance Company	
IN WITNESS WHEREOF, North American Specialty Insurance Confficial seals to be hereunto affixed, and these presents to be signed by the	ompany and Washington Internatheir authorized officers this 10th	tional Insurance Company have caused their day of, 2014.
	cialty Insurance Company ional Insurance Company	
State of Illinois County of Cook ss:		
On this 10th day of March, 2014, before me, a Notary Public Washington International Insurance Company and Senior Vice President Vice President of Washington International Insurance Company and Vice personally known to me, who being by me duly sworn, acknowledged that acknowledged said instrument to be the voluntary act and deed of their results.	t of North American Specialty In the President of North American S that they signed the above Power	Specialty Insurance Company,
TO N	OFFICIAL SEAL* ONNA D. SKLENS fotary Public, State of Illinols by Commission Expires 10/06/2015	Donna D. Sklens, Notary Public
I, <u>Jeffrey Goldberg</u> , the duly elected <u>Assistant Secretary</u> International Insurance Company, do hereby certify that the above and for American Specialty Insurance Company and Washington International I	oregoing is a true and correct co	Insurance Company and Washington py of a Power of Attorney given by said North II in full force and effect.
WITNESS WHEREOF, I have set my hand and affixed the seals of the	he Companies this 2nd day of	January , 2015 .
	Jeffrey Goldber Washington Internations	s, Vice President. & Assistant Secretary of I Insurance Company & North American Specialty Insurance Company

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State of Rhode Island and Providence Plantations Department of Administration Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIMP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number:

7549049A5

Solicitation Title:

PORTSMOUTH MAINTENANCE FACILITY - DOT - ADDENDUM 5 (9 PGS)

Bid Proposal Submission

Deadline Date & Time:

1/22/2015

11:00 AM

RIVIP Vendor ID #:

65206

Bidder Name:

Bahry Building Company

Address:

26 Nye Street

East Providence, RI 029141639

usa

Telephone:

(401) 354-7014

Fax:

(508) 557-1784

Contact Name:

Michael Bahry

Contact Title:

President & CEO

Contact Email:

mb@bahrybuilding.com

SECTION 2 — DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Inditate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

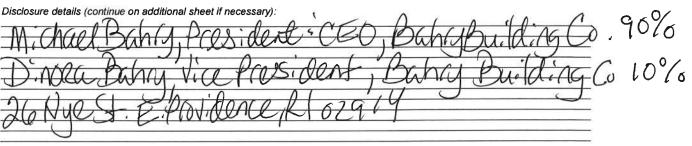
- State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
- List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,

2013-4

Page 1 of 3

10/7/2014

principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.



SECTION 3 — CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE,	BIDD	ERC	ERTIFI	ES	THAT:
V	- 2	The	Didde		

- The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur
 during the term of any contract awarded pursuant to this solicitation.
- 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

10/7/2014

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 1 20 2015

BIDDER

Signature in ink

Printed name and title of person signing on behalf of Bidder



RI Department of Labor and Training Workforce Regulation and Safety Division Professional Regulation - Prevailing Wage

General Contractor Apprenticeship Certification Form

This form MUST be completed and submitted at the time of bidding and is available on the Department of Labor and Training's Website at www.dlt.ri.pey, under Workforce Regulation and Safety, Prevailing Wage, Publications and Forms.

Bid/RFP Number: 7549049
Bid/REP Title: New Portsmouth Maintenance Facility
Bid/RFP Title: NWTOCHSMOWN / WINTERWICE FUCI PAGE
RIVIP Vendor ID#: 1576 \ 15206 \ D0
Vendor Name: Bahry Building Company 26 N 10 Front F. Pandence R1 02914
Address: 26 N.16. Street E. Providence, R. 02919
Telephone: 407 354 - 7014
Fax: 508 557 - 1784
E-Mail: mb@ bahrubuilding. Com
Contact Person and Title: Michael Bahry, President
Schriby ding Company 26 Nyestaence R1,2914
"bidder") hereby certifies that bidder meets the general contractor apprenticeship requirements of R. I. Gen. Laws § 37- 13-3.1 because bidder meets one of the following qualifications (check):
ABidder sponsors a current and duly approved Rhode Island Department of Labor and Training Apprenticeship Program and currently employs at least one apprentice per trade/occupation, who will obtain "on the lob training" experience in the apprentice's trade by performing on the contract (attach apprenticeship

- program standards and apprenticeship agreement);
- Bidder sponsors a current and duly registered Rhode Island Department of Labor and Training reciprocal apprenticeship program pursuant to R. I. Gen. Laws § 28-45-16 and currently employs at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach apprenticeship program standards, apprenticeship agreement and Rhode Island Department of Labor and Training Reciprocal Apprenticeship Program Approval);

C.	Bidder has entered into a current collective bargaining agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the collective bargaining agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of collective bargaining agreement and signature page);
D.	Bidder has entered into a current labor agreement with a duly approved Rhode Island Department of Labor and Training Apprenticeship Program sponsor and, pursuant to the terms of the labor agreement, will employ at least one apprentice per trade/occupation, who will obtain "on the job training" experience in the apprentice's trade by performing work on the contract (attach relevant section of labor agreement and signature page);
E.	Bidder will not perform work on the awarded contract except through subcontractors (non performance);
P.	Bidder has received approval from the Rhode Island Department of Labor and Training that it satisfies the general contractor requirements of R. I. Gen. Laws §37-13-3.1 for purposes of a particular bid (attach Rhode Island Department of Labor and Training correspondence).
N	Printed Name and Title of Authorized Representative Date Date
	Signature of Authorized Representative



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex 1511 Pontine Avenue Cranston, RI 02920-4407 Telephone:

(401) 462-8000 Via RI Relay 711

Lincoln D. Chafee Governor Charles J. Fogarty Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dltrl.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

Title: Prosid

Subscribed and sworn before me this odday of January 2015

Notary Public

My commission expires:

An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

Form W-9 (Rev. 3/7/11)

State of Rhode Island PAYER'S REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

TOST ZIIII EGTEN IDENTIFICATION NOWBER (EIN) WHERE INDICATED.
axpayer Identification Number (T.I.N.)
Enter your taxpayer identification number in Social Security No. (SSN) Employer ID No. (EIN) he appropriate box. For most individuals, his is your social security number.
NAME BUNVU BUILING (MANY) ADDRESS DO MIL DVILLE
REMITTANCE ADDRESS, IF DIFFERENT)
SITY, STATE AND ZIP CODE THE PYUMUUCL, RI COGIS
ERTIFICATION: Under penalties of perjury, I certify that:
The number shown on this form is my correct Texpayer Identification Number (or I am waiting for a number to be issued to me), and I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.
ertification instructions — You must cross out item (2) above if you have been notified by the IRS that you are subject to backup lithholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were ubject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, o not cross out item (2).
IGNATURE TITLE PYUIDIN DATE 1/02/5 TEL NO.40.354
USINESS DESIGNATION:
lease Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation
AME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.
DDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary states). If you operate a business at more than one location, adhere to the following: Same T.I.N. with more than one location attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed. Different T.I.N. for each different location submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)
ERTIFICATION Sign the certification, enter your title, date, and your telephone number (including area code and extension).
USINESS TYPE CHECK-OFF Check the appropriate box for the type of business ownership.
() one type of business officially.

Mall to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908